

North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
July 8, 2005
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Kelly Jones, Libby Jones, Jeff McLoud, Eileen Silber, Sheila Wall-Hill, Tisha O'Neil Gamboa, Esther High, Ed Seavey (participating by telephone), Mary Bethel, Mary Recca Todd, Laura White, and Dr. Martin Pharr, as an Ad Hoc member.

Others: Kent Earnhardt, Chris Rakes (filling in for Bill Jones), Mark O'Donnell (presenter) and Joan McAllister (guest of the Child Sub-Committee).

Staff to Council: Susan Robinson, Rhoda Miller (back-up to Susan Robinson), and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes

Libby Jones, Chair of the Council, called the meeting to order. She welcomed all members. Minutes from the May 6, 2005 meeting were approved and accepted as written.

Wellness Recovery Action Plan (WRAP)

Jeff McLoud, Libby Jones, and Tisha O'Neil Gamboa completed a presentation on the Wellness Recovery Action Plan or WRAP. Mary Ellen Copeland developed this plan for individuals with mental illness, but anyone can use it. The North Carolina Mental Health Consumer's Organization receives funding through the Mental Health Block Grant to help sponsor WRAP training. WRAP is a structured system of planned responses to eliminate, modify, or reduce symptoms. Consumers can develop their own plan, as this is a self-care model. The benefit of this plan is to prepare for a crisis before the crisis actually happens and it can be used with children or adolescents as well.

Setting up the Wellness Recovery Action Plan: One suggestion is to use a three-ring binder to record how you are feeling when feeling well. Record those tasks or actions that are needed to maintain the feeling of well-being. This plan can and should be changed, as needed. It is a flexible document, changing as an individual's needs change. Record or identify "triggers" that may increase symptomology, as well as the positive solutions to these triggers. *Early Warning Signs:* This section refers to a list that needs to be fairly brief; these are internal warning signs to stressful situations (e.g., anxiety, fear, worry, hearing voices, etc.). Include ways in which the early warning signs may be reduced, such as talking with a friend or counselor. *Crisis Planning:* This section needs to be shared with others; it refers to times when the situation breaks down and the individual needs help. This section needs to delineate the hospital of choice and which family members or significant others in one's life should be with them during this time, preferably selecting 3-5 support people. Be able to indicate which actions would result in hospitalization. It is also important to list any persons that should not be caring for the individual during a time of crisis and why (e.g., differing beliefs, hospitals or physicians which advocate a different treatment modality, etc.). *Post-Crisis Planning:* Think of leaving the hospital as a "step-down plan;" just because an individual leaves the hospital doesn't mean that they are completely well. An individual should plan for which support people will help them through this time as well.

Local Management Entity Presentation

Mark O'Donnell from the Local Management Entity (LME) Team of the Division of MH/DD/SAS spoke about Local Management Entity Performance Contracts and the Local Management Entity Provider Endorsement Process. Initially, there were 40 area programs and now there are 29; programs are continuing to merge and consolidate. *LME Performance Contract*: The State has had performance agreements but the objective now with the performance contracts is to lay out what is expected of the LMEs by the State. These contracts run for 3 years and involve the same contract forms for each LME. *LME Provider Endorsement Process*: The endorsement process applies to Medicaid Providers wishing to provide MH/DD/SAS services. Providers must be endorsed by the Area Authority/County Program in order to enroll with the Division of Medical Assistance as a Medicaid Provider of Enhanced services.

Adult and Child Committee Meetings

The Adult Committee, chaired by Jeff McLoud, met and discussed these topics:

- 1) *Peer Drop In Centers/Peer Support Groups* : The historical perspective was given on how the consumer movement began, followed by examples of peer drop in centers and the diverse array of services that may be provided (e.g., lunch, laundry or shower facilities, or offer computer access to apply for jobs online). Examples of local peer drop in centers include Durham's Triangle Empowerment Center, the Dew Drop Inn in Hickory, and the Oasis in New Bern. This topic was requested from the previous sub-committee meeting.
- 2) *Treatment Accountability for Safer Communities (formerly Treatment Alternatives to Street Crime)*: Treatment Accountability for Safer Communities (TASC) serves as a bridge between criminal justice and treatment systems. This program operates under the authority of the NC Dept. of Health & Human Services, Div. of MH/DD/SAS and was designed to address the issues of addiction, mental illness, and criminal behavior among the offender population. As of 2001, there are now TASC services available in all judicial districts across the State. TASC involves the screening and assessment of offenders, the determination of the level and intensity of care, and the coordination of referrals. This topic was requested from the previous sub-committee meeting.
- 3) *Evidence-Based Practices*: Information was shared about evidence-based practices and how they relate to best practices. Evidence-based practice is included as one of the National Outcome Measures in the Community Mental Health Services Block Grant funding application for State Fiscal Year 2005-2006. Our state has the North Carolina Evidence-Based Practices Center located in Fayetteville's Southern Regional Area Health Education Center (AHEC). The Evidence-Based Practices Center was developed through a Duke Endowment Grant. The Center provides trainings on each of the "toolkits" that have been clinically proven to have successful outcomes in working with individuals with mental illness. The toolkits include: Supported Employment, Assertive Community Treatment, Family Psycho-Education, Wellness Management and Recovery, and Integrated Dual Disorders Treatment. The Center's website is: www.ncebpcenter.org

- 4) Information was shared and a discussion ensued about the rise in mental hospital admissions and the impact of mental health reform.

Future agenda topics that the committee expressed interest in included learning more about the homeless population (PATH Program).

The Child Committee, chaired by Sheila Wall-Hill, met and discussed the following topics:

* Joan McAllister, DSS, presented information on youth transition initiatives all within DSS. Three primary efforts discussed were 1) the LINKS initiative for independent living thru federal appropriations to the state, 2) a new interagency collaborative think tank on promoting healthy youth transitions, and 3) SAY SO, a youth and young adult peer advocacy and support group for and by youth/young adults who are aging/have aged out of foster care.

* Program information and related NC and national statistics were distributed for member consideration. A number of questions were discussed and future areas for discussion were outlined that interface between DSS and DMHDDSAS.

* In light of this information, members reviewed the goals, objectives and measures for indicators related in MHBG plan due in September 2005 for FFY 06 and subsequent report due in December on FFY 05 that relate to interagency coordination, housing/homelessness, education status and child welfare involvement.

* Members discussed possible implications and priorities for future work for youth in transition and who need MHDDSAS services.

* Future meeting agenda for child committee includes:
Diann Irwin and Cynthia Floyd Boyd from DPI presenting information on schools/educational services and common goals, current initiatives.

Updates

Susan Robinson and Lisa Jackson discussed the Mental Health Block Grant Plan process. The plan is due on September 1, 2005 for the State Fiscal Year 2005-2006. The Implementation Report that is due on December 1, 2005 will be assessing the progress made in the Mental Health Block Grant Plan from 2004-2005. The Council approved the motion to have the Executive Committee of the Planning Council review the plan and draft the letter to accompany the Plan when it is submitted to the Federal government. When completed, the plan will be shared with all Council members and will also be posted on the Council website.

Libby Jones was presented earlier this summer with the 2005 NC Mental Health Consumers' Organization Staff Award, in recognition of and appreciation for her services and dedication on behalf of persons with mental illness.

Wrap-Up

Reimbursement forms were distributed to the members. Council members opted to provide refreshments on a rotating basis, with the Adult Committee members providing

refreshments for September's Council meeting. The next Mental Health Planning & Advisory Council meeting will take place on Friday, September 9, 2005.

Handouts

1. *07-08-05 MHPC Meeting Agenda*
2. *05-06-05 Draft MHPC Minutes*
3. *2004 WRAP (Wellness Recovery Action Plan) Training Evaluation*
4. *Division of MH/DD/SAS Endorsement of Providers*
5. *Handout on Collaboration between the Division of MH/DD/SAS and the Department of Juvenile Justice and Delinquency Prevention* (handout from previous meeting speaker)
6. *North Carolina Evidence-Based Practices Programs flyer*
7. *Directory of Consumer-Driven Services from the National MH Consumers' Self-Help Clearinghouse* (handout from previous meeting speaker)
8. *Recommended DMH/DD/SAS-DMA Treatment Outcome Measures for New Substance Abuse Service Definitions to be tracked by the NC Treatment Outcomes & Program Performance System (NC-TOPPS).*
9. *Treatment Accountability for Safer Communities (TASC) Handout*
10. *Spotlight: Serving Deaf, Hard of Hearing and Deaf-Blind North Carolinians*
11. *Reimbursement Form*